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ANNUAL REPORT TO THE STATE BOARD OF HEALTH, by the Clerk of the Board of Health for the

\* \_\_\_\_\_ of \_\_\_\_\_ County of \_\_\_\_\_ State of Michigan, for the year ending September 30th, 187\_\_\_\_.

To the Secretary of the State Board of Health:

SIR:—The nature of the soil in this\* \_\_\_\_\_ is as follows:

I estimate the number of acres of low or wet land in this\* \_\_\_\_\_ as follows:

Swamps \_\_\_\_\_ acres; marshes \_\_\_\_\_ acres; other wet land \_\_\_\_\_ acres.

The streams, ponds, and other bodies of water in this\* \_\_\_\_\_ are as follows:

The water is stagnant at \_\_\_\_\_ season \_\_\_\_\_ of the year in the following named streams, ponds, etc.;

The beds of the following named streams, ponds, etc., are dry at \_\_\_\_\_ season \_\_\_\_\_ of the year;

The natural drainage of the land in this\* \_\_\_\_\_ is by means of \_\_\_\_\_

the soil is \_\_\_\_\_ favorable for natural drainage. The artificial drainage is as follows:

On the whole the drainage is † \_\_\_\_\_

During the past three years, ditches for the drainage of swamps, marshes, or other low or wet lands have been dug in this\* \_\_\_\_\_ to the extent of \_\_\_\_\_ rods, and the effect on the health of the people has been, for each year since, as follows:

The drinking water is ‡ \_\_\_\_\_ Its quality is \_\_\_\_\_ Its source is from § \_\_\_\_\_ The depth of the deepest well is about \_\_\_\_\_ feet, of those having the least depth \_\_\_\_\_ feet, of the greatest number of wells \_\_\_\_\_ feet.

The proportion of the dwellings having cellars under them is \_\_\_\_\_.  
The cellars are \_\_\_\_\_ wet \_\_\_\_\_ at \_\_\_\_\_ season \_\_\_\_\_ of the year.

In this\* \_\_\_\_\_ the proportion of the land covered with growing timber is \_\_\_\_\_.  
The kinds of timber which originally grew here, stated in the order of greatest quantity, were \_\_\_\_\_

The kinds of timber which now predominate are \_\_\_\_\_

The principal crops raised in this\* \_\_\_\_\_ are \_\_\_\_\_

The principal kinds of fruit raised in this\* ..... are .....

The principal kinds of wild fruit picked in this\* ..... are .....

I estimate that the proportion of the dwellings in this\* ..... constructed of wood is ..... of brick, stone, &c., .....

In the greatest number of the dwellings in this\* ..... the average number of rooms is ..... the average size of sleeping rooms is ..... feet by ..... feet; the height is ..... feet.

The method of warming the greatest number of the dwellings in winter is by means of ..... and the fuel used is .....

The greatest number of dwellings are ventilated by means of .....

Special means of ventilation—other than by open doors and windows—have been adopted as follows: .....

In the greatest number of cases, the average distance of the privy from the dwelling is ..... feet.

In the greatest number of cases, the average distance of the privy from the well is ..... feet. The least distance in any case is ..... feet. ..... deaths and ..... cases of sickness have occurred, in which there was a probability that the cause was the contamination of drinking water by means of privy drainage.

The number of cases in this\* ..... where dry earth is used (as a deodorizer and purifier) in ordinary privies is ..... ; in special contrivances is .....

In ..... case ..... the privy or earth closet ..... within, or attached to the dwelling.

The principal employments of citizens of this\* ..... (named in order of greatest number employed) is as follows: .....

..... deaths and ..... cases of sickness have occurred within the year, directly or indirectly, traceable to occupation as a cause. The cases were as follows: .....

In the greatest number of cases light is obtained by means of .....

The proportion of cases where kerosene oil is used to produce light is about .....

Deaths and injuries have resulted from its use in the cases, and under the circumstances as follows: .....

Paris Green is ..... employed for destroying potato bugs. ..... deaths, and ..... cases of sickness have occurred which could be attributed to that poison. The evidence of death or sickness from this cause was .....

Compared with previous years, the proportion of deaths to inhabitants in this\* ..... during the year ending September 30th, was .....

Compared with previous years, the proportion of sickness among the people of this\* ..... during the year was .....

The greatest number of the deaths were from the diseases or causes (named in the order of greatest number), as follows:

The greatest number of cases of sickness was from diseases as follows : .....

During the the year ending September 30th, 187..... cases have occurred of epidemic, infectious or contagious diseases as follows : Of small-pox ..... cases; of cholera ..... cases; of scarlet fever ..... cases; of typhoid fever ..... cases; of measles ..... cases; of whooping cough ..... cases; of ..... cases.

The date of the first case of each disease was as follows : Of small pox ..... , of cholera ..... , of scarlet fever ..... , of typhoid fever ..... , of measles ..... , of whooping cough .....

The date of the last case was as follows : Of small-pox ..... , of cholera ..... , of scarlet fever ..... , of typhoid fever ..... , of measles ..... , of whooping cough .....

Cases of epidemic, infectious, or contagious diseases now prevail, as follows : Of small-pox ..... cases; of cholera ..... cases; of scarlet fever ..... cases; of typhoid fever ..... cases; of measles ..... cases; of whooping cough ..... cases.

The number of deaths during the year ending September 30th, from epidemic, infectious, or contagious diseases, is as follows : From small-pox ..... , from cholera ..... , from scarlet fever ..... , from typhoid fever ..... , from measles ..... , from whooping cough .....

So far as known, the sources from which the diseases were derived were as follows : §§

Of small-pox .....  
of cholera .....  
of scarlet fever .....  
of typhoid fever .....  
of measles .....  
of whooping cough .....

I attribute the †† ..... in this\* ..... during the past year to the following causes or circumstances : .....

In my opinion the principal sources of danger to life or health in this\* ..... at the present time are as follows : .....

During the year ending September 30th, the climatic conditions observed by me were as follows : .....

During the year ending September 30th, the Board of Health for this\* ..... has met as a board ..... time .....

The following is a condensed abstract of the proceedings of this board during the year ending September 30th, 187.....

I hereby certify that, to the best of my knowledge and belief, the statements in the foregoing report are correct.

Dated ..... 187 .....

Signed, .....

*Clerk of the Board of Health for the\** .....

*of* .....

#### Foot-notes and other Instructions.

\* Insert the word township, city, or village.

† Insert the words, "not good," "bad," "very bad," "good," "very good," etc. Clerks of City Boards of Health will please send a statement for their city of the details of sewerage, disposal of sewage, etc.

‡ Insert the word, "hard" or "soft."

§ Insert the word "wells," "cisterns," or state the facts if otherwise.

## After each disease insert the words, "the disease was contracted in the city of ....." "or at the school in ....." in a room occupied by persons sick with the same disease ..... time since," "by means of clothing worn by patient with same disease," etc., etc., as the facts may be. In the case of typhoid fever, if the privy was near the well, or within the dwelling, state the facts.

†† Insert the words "excessive mortality," "excessive sickness," "general healthfulness," or otherwise express the facts.

In filling blanks followed by such words as "deaths," "cases," "feet," "rods" "acres," etc., numbers should be stated if possible, either in words or figures.

Please answer the questions as they are printed, and in the blanks left for the purpose. Do not change or mark out any of the printed matter. If you wish to communicate any item which will not go in the blank as printed, please write on a separate sheet of paper.

PLEASE FILL ALL BLANKS IN SOME WAY, TO SHOW THAT NONE HAVE BEEN OVERLOOKED.

[Leave all blanks in this filing to be filled at this office.]

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County of .....

of .....

## CLERK OF BOARD OF HEALTH.

### ANNUAL REPORT.

For the year ending September 30th, 187 .....

187 .....

187 .....

Filed .....